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| Substitute for Form<br>PTO-1390<br><b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE<br><br>ATTORNEY'S DOCKET NUMBER<br><br>028750-248<br><br>U.S. APPLICATION NO. (if known; see 37 CFR 1.5)<br><b>107549760</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/US2004/008399   | INTERNATIONAL FILING DATE<br>19 March 2004 | PRIORITY DATE CLAIMED<br>19 March 2003   |
| TITLE OF INVENTION<br><br><b>POLY(ACRYLOYL-HYDROXYETHYL STARCH)-PLGA COMPOSITE MICROSPHERES</b>  |  |  |
| APPLICANT(S) FOR DO/EO/US<br>Patrick DELUCA, Ge JIANG and Byung WOO  |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |  |
| <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.</li> <li><input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li><input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.</li> <li><input checked="" type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li><input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input checked="" type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li><input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li><input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li><input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li><input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li><input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |  |  |
| Items 11 to 21 below concern document(s) or information included:  |  |  |
| <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li><input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li><input type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li><input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li><input type="checkbox"/> A substitute specification.</li> <li><input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li><input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.</li> <li><input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li><input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li><input checked="" type="checkbox"/> Other items or information: <u>Application Data Sheet; General Authorization for Petitions for Extension of Time and Payment of Fees</u><br/> <hr/><br/> <hr/><br/> <hr/><br/> <hr/> </li> </ol>  |  |  |

| U.S. APPLICATION NO. (If known, see 37 CFR 1.5)   |              | INTERNATIONAL APPLICATION NO. | ATTORNEY'S DOCKET NUMBER  |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|---|--------------|-------------------------------|---|-------------------------|--|--|-----------|--|--|--|---|--------|--------------|--------------|---------|--------------|----|---------|--------------------------|--------------------|---|--------|---------------------------|---|--|--|-------------------|-----------------|--|--|---------------------------|------------|--|--|---------------------------|--|--|--|--|-----------------------------|--|--|-----------|---|--|--|-------------|--|--|--|----------------------|---|--|--|---|--|--|--|--------------------------------|---|--|--|--|--|--|--|---------------------------------|--|--|--|-----------------------------------|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| <b>10/549760</b>  |              | PCT/US2004/008399             | 028750-248  |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <p>21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: <u>UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION, Lexington, KY</u></p> <hr/> <hr/> <hr/> <p>22. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table border="1"> <tr> <td colspan="3">Basic Filing Fee (1631)</td> <td>\$ 300.00</td> </tr> <tr> <td colspan="3">Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than<br/>months from the earliest claimed priority date (37 CFR 1.492(e)).</td> <td><input type="checkbox"/> 20 <input type="checkbox"/> 30</td> </tr> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE \$</th> </tr> <tr> <td>Total Claims</td> <td>15</td> <td>-20 = 0</td> <td>x \$50.00 (1615) \$ 0.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3 = 0</td> <td>x \$200.00 (1614) \$ 0.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+ \$360.00 (1616)</td> </tr> <tr> <td colspan="3">Examination Fee</td> <td>+ \$200.00 (1633) \$ 0.00</td> </tr> <tr> <td colspan="3">Search Fee</td> <td>+ \$500.00 (1632) \$ 0.00</td> </tr> <tr> <td colspan="3">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td></td> </tr> <tr> <td colspan="3">TOTAL OF ABOVE CALCULATIONS</td> <td>\$ 300.00</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</td> <td>+ \$ 150.00</td> </tr> <tr> <td colspan="3"></td> <td>SUBTOTAL = \$ 150.00</td> </tr> <tr> <td colspan="3">Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than<br/>months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td><input type="checkbox"/> 20 <input type="checkbox"/> 30 \$ 0.00</td> </tr> <tr> <td colspan="3"></td> <td>TOTAL NATIONAL FEE = \$ 150.00</td> </tr> <tr> <td colspan="3">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br/>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>TOTAL FEES ENCLOSED = \$ 150.00</td> </tr> <tr> <td colspan="3"></td> <td>Amount to be refunded : charged :</td> </tr> <tr> <td>a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.</td> <td colspan="3"></td> </tr> <tr> <td>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of <u>\$ 150.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.</td> <td colspan="3"></td> </tr> <tr> <td>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.</td> <td colspan="3"></td> </tr> <tr> <td>d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</td> </tr> <tr> <td colspan="4"> SEND ALL CORRESPONDENCE TO:<br/> <br/> Burns, Doane, Swecker &amp; Mathis, L.L.P.<br/> P.O. Box 1404<br/> Alexandria, Virginia 22313-1404<br/> (703) 836-6620 </td> </tr> <tr> <td colspan="4"> <br/> SIGNATURE<br/> Teresa Stanek Rea<br/> NAME </td> </tr> <tr> <td colspan="4"> 30,427      September 19, 2005<br/> REGISTRATION NO.      DATE </td> </tr> </table> |              |                               |   | Basic Filing Fee (1631) |  |  | \$ 300.00 | Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than<br>months from the earliest claimed priority date (37 CFR 1.492(e)). |  |  | <input type="checkbox"/> 20 <input type="checkbox"/> 30 | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE \$ | Total Claims | 15 | -20 = 0 | x \$50.00 (1615) \$ 0.00 | Independent Claims | 3 | -3 = 0 | x \$200.00 (1614) \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | + \$360.00 (1616) | Examination Fee |  |  | + \$200.00 (1633) \$ 0.00 | Search Fee |  |  | + \$500.00 (1632) \$ 0.00 | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  |  |  | TOTAL OF ABOVE CALCULATIONS |  |  | \$ 300.00 | <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  | + \$ 150.00 |  |  |  | SUBTOTAL = \$ 150.00 | Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than<br>months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  | <input type="checkbox"/> 20 <input type="checkbox"/> 30 \$ 0.00 |  |  |  | TOTAL NATIONAL FEE = \$ 150.00 | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property + |  |  |  |  |  |  | TOTAL FEES ENCLOSED = \$ 150.00 |  |  |  | Amount to be refunded : charged : | a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed. |  |  |  | b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of <u>\$ 150.00</u> to cover the above fees. 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| Basic Filing Fee (1631)   |              |                               | \$ 300.00   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than<br>months from the earliest claimed priority date (37 CFR 1.492(e)).  |              |                               | <input type="checkbox"/> 20 <input type="checkbox"/> 30         |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA                  | RATE \$   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims  | 15           | -20 = 0                       | x \$50.00 (1615) \$ 0.00  |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Independent Claims  | 3            | -3 = 0                        | x \$200.00 (1614) \$ 0.00                                       |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |              |                               | + \$360.00 (1616)   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Examination Fee   |              |                               | + \$200.00 (1633) \$ 0.00                                       |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Search Fee  |              |                               | + \$500.00 (1632) \$ 0.00                                       |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)  |              |                               |   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL OF ABOVE CALCULATIONS   |              |                               | \$ 300.00   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.   |              |                               | + \$ 150.00   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|   |              |                               | SUBTOTAL = \$ 150.00  |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than<br>months from the earliest claimed priority date (37 CFR 1.492(f)).   |              |                               | <input type="checkbox"/> 20 <input type="checkbox"/> 30 \$ 0.00 |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|   |              |                               | TOTAL NATIONAL FEE = \$ 150.00                                  |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +   |              |                               |   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|   |              |                               | TOTAL FEES ENCLOSED = \$ 150.00                                 |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|   |              |                               | Amount to be refunded : charged :                               |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.   |              |                               |   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of <u>\$ 150.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.   |              |                               |   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u> . A duplicate copy of this sheet is enclosed.   |              |                               |   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.   |              |                               |   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.   |              |                               |   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:<br><br>Burns, Doane, Swecker & Mathis, L.L.P.<br>P.O. Box 1404<br>Alexandria, Virginia 22313-1404<br>(703) 836-6620   |              |                               |   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <br>SIGNATURE<br>Teresa Stanek Rea<br>NAME  |              |                               |   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| 30,427      September 19, 2005<br>REGISTRATION NO.      DATE  |              |                               |   |                         |  |  |           |  |  |  |   |        |              |              |         |              |    |         |                          |                    |   |        |                           |   |  |  |                   |                 |  |  |                           |            |  |  |                           |  |  |  |  |                             |  |  |           |   |  |  |             |  |  |  |                      |   |  |  |   |  |  |  |                                |   |  |  |  |  |  |  |                                 |  |  |  |                                   |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of ) **MAIL STOP PCT**  
Patrick P. DeLUCA et al. )  
Application No.: ) Group Art Unit:  
Filed: September 19, 2005 ) Examiner:  
For: (POLY(ACRYLOYL-HYDROXYETHYL ) Confirmation No.: 5046  
STARCH)-PLGA COMPOSITION )  
MICROSPHERES )

**GENERAL AUTHORIZATION FOR PETITIONS  
FOR EXTENSIONS OF TIME AND PAYMENT OF FEES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. § 1.136(a)(3), the U.S. Patent and Trademark Office is hereby provided with a general authorization to treat any concurrent or future reply requiring a petition for an extension of time for its timely submission as containing a request therefor for the appropriate length of time.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. § 1.17 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL PC

Date: September 19, 2005

By: \_\_\_\_\_

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